

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102167

Entity Name: INTEGRITY FARMS, INC.**Current Principal Place of Business:**200 NW AVENUE L
BELLE GLADE, FL 33430**Current Mailing Address:**PO BOX 679
CAMILLA, GA 31730 US**FEI Number:** 20-1419535**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON JR., JOSEPH E
200 NW AVENUE L
BELLE GLADE, FL 33430 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, ASSISTANT SEC,
DIRECTOR
Name THOMPSON, JR., JOSEPH E
Address PO BOX 679
City-State-Zip: CAMILLA GA 31730

Title DIRECTOR, VP
Name THOMPSON, KAY H
Address PO BOX 679
City-State-Zip: CAMILLA GA 31730

Title DIRECTOR
Name THOMPSON, AARON J
Address PO BOX 679
City-State-Zip: CAMILLA GA 31730

Title DIRECTOR, SECRETARY
Name THOMPSON, SHANNON K
Address PO BOX 679
City-State-Zip: CAMILLA GA 31730

Title DIRECTOR
Name WATERS, KARA T
Address PO BOX 679
City-State-Zip: CAMILLA GA 31730

Title VP
Name THOMPSON, KARLA
Address PO BOX 679
City-State-Zip: CAMILLA GA 31730

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON THOMPSON**SECRETARY****04/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date